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Attorney Docket No. 970113R/HG

**IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE**

First named
Applicant : KIMURA
Serial No. : 09/678,218
Filed : September 29, 2000
Art Unit : 1626
Examiner : L. Stockton

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Francine E. Smith
Francine E. Smith

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AMENDMENT UNDER 37 CFR. 1.116

Assistant Commissioner for Patents

S I R :

This is a response to the Office Action of November 27,
2001. The following amendments to the claims are made in
accordance with 37 CFR 1.73(b)(2) & (d) & (e).

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KIMURA

Serial No. 09/678,218

Art Unit: 1626

Examiner: L. Stockton



PTO/SB/56 (02-01)
Approved for use through 01/31/2004. OMB 0631-0033
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION FEE TRANSMITTAL FORM								Docket Number (Optional)		
Claims as Filed - Part 1										
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity				
				Rate	Fee	Rate	Fee			
(A) 43	Total Claims (37 CFR 1.16(f))	(B) 41	0	x \$		or	x \$			
(C) 1	Independent claims (37 CFR 1.16(f))	(D) 1	0	x \$			x \$			
				Basic Fee (37 CFR 1.16(h))		\$			\$	
				Total Filing Fee		\$	OR		\$	
Claims as Amended - Part 2										
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity			
					Rate	Fee	Rate	Fee		
Total Claims (37 CFR 1.16(f))	66	MINUS	71	0	x \$		x \$			
Independent Claims (37 CFR 1.16(f))	14	MINUS	3	11	x \$		x \$ 84	924		
					Total Additional Fee		\$	OR		\$ 924
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>06-1378</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>924.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>February 27, 2002 Date</p> <p style="text-align: right;"> Signature of Applicant, Attorney or Agent of Record Herbert Goodman-Reg.No.17,081 Typed or printed name </p>										

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